



# LOTTERY RETAILER LICENSE APPLICATION

OFFICE OF ATTORNEY GENERAL  
SFN 53858 (Rev. 07-12-2005)

## OFFICE USE ONLY

Control No. \_\_\_\_\_

Chain Store No. \_\_\_\_\_

Security Rec. \_\_\_\_\_

Customer Service Rec. \_\_\_\_\_

Please type or print Read Instructions before completing application

License No. \_\_\_\_\_

(check / one)

☐ New Site

☐ Change in ownership for current licensed retailer - expected date of business purchase \_\_\_\_\_ of \_\_\_\_\_

No. of Chain Store Apps.  
\_\_\_\_\_ of \_\_\_\_\_

Legal Business Name (do not abbreviate)		Federal Employer ID No.		ND Sales Tax Permit No.	
DBA Business Name (if different than legal business name)		Name of Contact Person		Business Phone No.	
Business Street Address		County	City	State	Zip Code
Mailing Address (if different than business street address)		City		State	Zip Code
Ownership Type (check / one) <input type="checkbox"/> Sole Proprietorship (full name & SSN below) Last Name, First Name, Middle Name <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation Sole Proprietor SSN _____		Business Type (check / one) <input type="checkbox"/> Convenience Store <input type="checkbox"/> Grocery Store / Supermarket <input type="checkbox"/> Gas / Service Station <input type="checkbox"/> Truck Stop / Plaza <input type="checkbox"/> Liquor Store <input type="checkbox"/> Restaurant / Club <input type="checkbox"/> Bar / Casino <input type="checkbox"/> Other (Specify) _____		Type of Building (check / one) <input type="checkbox"/> Free-standing <input type="checkbox"/> Strip Shopping Center <input type="checkbox"/> Mall <input type="checkbox"/> Other (Specify) _____	

Please answer these questions by checking the proper box or providing the information.

YES NO

- ☐ ☐ 1. Within the last 10 years, has a sole proprietor or partner or, for a corporation, has a shareholder who owns 10% or more of the stock, a director, or an officer, been convicted of a felony?
- ☐ ☐ 2. Is a sole proprietor or partner or, for a corporation, is a shareholder who owns 10% or more of the stock, a director, or an officer, under the age of 18?
- ☐ ☐ 3. Within the last 7 years, has the business been bankrupt or in receivership? If "yes," explain on a separate sheet.
- ☐ ☐ 4. Within the last 5 years, has the business violated North Dakota law by selling tobacco or alcohol products to underage persons? If "yes," explain on a separate sheet.
- ☐ ☐ 5. Has the business ever had a complaint issued to it, an application for a retailer license denied, a license suspended or revoked, or a monetary fine assessed, by the North Dakota Lottery?
- ☐ ☐ 6. Does the business owe delinquent taxes, interest or penalties to the state (ND) that are not formally disputed/appealed?
- ☐ ☐ 7. Is the business accessible to individuals with disabilities as may be required under Title III of the Americans with Disabilities Act? If "no," explain on a separate sheet.
- ☐ ☐ 8. Within the last 5 years, has the business operated under a different DBA name? If "yes," explain on a separate sheet.
- ☐ ☐ 9. Does the business have a clear exposure to the southern sky for possible use of satellite telecommunications?
- ☐ ☐ 10. Does the business provide other state government services, such as fishing or hunting licenses?
- ☐ ☐ 11. Does the business have a video surveillance and or alarm system?
- ☐ ☐ 12. Does the business have a retail alcoholic beverage license?

13. Indicate how long the business has operated at its location: Years \_\_\_\_\_ Months \_\_\_\_\_

14. Indicate the business hours: Sun. \_\_\_\_\_ Mon. - Fri. \_\_\_\_\_ Sat. \_\_\_\_\_

15. Indicate the business's average number of customer sales transactions per day: \_\_\_\_\_

16. Indicate the "Total Sales" amount reported by the business on line 1 of its North Dakota Sales and Use Tax Return(s) filed for the 12 months ended June 30, 2005 (do not include cents): \$ \_\_\_\_\_

17. Describe why the business is the best business to serve the public convenience in the town or city: \_\_\_\_\_

18. Describe how the business would actively market and promote the sale of lottery tickets: \_\_\_\_\_

Please attach a street map of the town or city and place an "X" on the map where the business is located.

Control No. \_\_\_\_\_

Chain Store No. \_\_\_\_\_

**Non-refundable Fees**

**APPLICATION FEES**

Amounts  
(do not include cents)

Number of retailer license applications: \_\_\_\_\_ If not a chain store, enter 1. If a chain store, enter the total number of license applications submitted as a group for the chain of stores. \_\_\_\_\_ @ \$50 each = \$ \_\_\_\_\_

Credit check: ☐ Sole Proprietor \$ 3  
☐ Partnership \$20  
☐ Corporation \$20 } enter applicable fee \_\_\_\_\_ \$ \_\_\_\_\_

Number of North Dakota record checks: \_\_\_\_\_ If a sole proprietor, enter 1. Otherwise, enter the number of sole proprietors or partners or, for a corporation, number of shareholders who own 10% or more of the stock and each corporate director and officer who is primarily responsible for financial affairs. Attach "Lottery Record/Credit Check" form(s). \_\_\_\_\_ @ \$15 each = \$ \_\_\_\_\_

**Out-of-state record checks** (enter fee from "Fee Schedule for Out-of-State Record Checks"):

Please type or print  
Names of sole proprietor or partners or, for a corporation, names of shareholders who own 10% or more of the stock, and names of each corporate director and officer who is primarily responsible for financial affairs, who have lived in another state during the previous 5 years. If more lines are needed, make copies of this page.

1. _____	State _____	Fee \$ _____	} \$ _____
2. _____	State _____	Fee \$ _____	
3. _____	State _____	Fee \$ _____	
4. _____	State _____	Fee \$ _____	
5. _____	State _____	Fee \$ _____	
6. _____	State _____	Fee \$ _____	
7. _____	State _____	Fee \$ _____	
8. _____	State _____	Fee \$ _____	

Subtotal from additional \_\_\_\_\_ attached page(s) \$ \_\_\_\_\_

Make check or money order payable to "Office of Attorney General" and remit with this form. **TOTAL AMOUNT DUE** \$ \_\_\_\_\_

I certify that I am the owner or person authorized to make application to the North Dakota Lottery for a license and enter into an agreement to be a retailer for the sale of lottery tickets. I certify that the information I have provided is true and complete. I understand that a false or misleading statement or a material omission of information on this application is cause for denial of this application or suspension or revocation of the retailer license. I authorize the Office of Attorney General to investigate criminal history, financial and credit information, delinquent taxes, and penalties, and all other matters relating to the accuracy of any information provided on or attached to this application, including applications of related chain stores. I authorize the North Dakota Office of State Tax Commissioner to disclose confidential tax information on file with the Office of State Tax Commissioner to the Office of Attorney General to enable the Office of Attorney General to act upon this application.

Print Full Name	Signature of Owner or Authorized Person	Title	E-mail Address
Legal Business Name (do not abbreviate)	DBA Business Name (if different than legal name)	Daytime Phone No. ( )	Date

**Return to:** OFFICE OF ATTORNEY GENERAL, LOTTERY DIVISION, 600 E BOULEVARD AVE. - DEPT. 125, BISMARCK ND 58505-0040

**Questions:** Call the Lottery Division at (701) 328-1574.

**Checklist:**

- ☐ 1. Completed all fields and answered all questions on the form?
- ☐ 2. Completed and attached all necessary "Lottery Record/Credit Check" form(s)?
- ☐ 3. If applicable, attached "Out-of-State Record Check Authorization and Release" form(s)?
- ☐ 4. Attached a street map of the town or city showing the specific location of the business?
- ☐ 5. Remitted a check or money order for the total amount due?

**PRIVACY ACT NOTIFICATION**

If you are a sole proprietorship, your social security number is requested to enable the Office of Attorney General to determine whether any taxes, interest or penalties are due the State of North Dakota pursuant to N.D.C.C. section 53-12.1-07(1)(b) for determining whether the applicant is eligible to be a lottery retailer. Disclosure of your social security number is voluntary. However, if you do not provide your social security number, the Office of Attorney General may be unable to conduct a cross check with the ND Tax Dept. and may decline to process the retailer license application.

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**CREDIT CHECK** (Partnership or Corporation) ☐ Pass ☐ Fail By \_\_\_\_\_ Date \_\_\_\_\_

Comments: \_\_\_\_\_